Health, Welfare Public Service

300 -57

FILED FEB 27 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005437

STATE FILE NUMBER 797

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY: Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: Independence 7005 — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Menorah Medical Ctr — Length of stay in 1b: 5 days	d. STREET ADDRESS (If outside, give location): 1001 West South Ave. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: Francis	Middle: X.	Last: Brady
4. DATE OF DEATH	Month: February	Day: 10	Year: 1959
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]	8. DATE OF BIRTH: Dec. 3, 1904
9. AGE (In years last birthday): 54	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attendant	10b. KIND OF BUSINESS OR INDUSTRY: Service Station	11. BIRTHPLACE (City and state or country): Independence, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Charles W. Brady	13b. MOTHER'S MAIDEN NAME: Nellie O'Dowd	14. NAME OF HUSBAND OR WIFE: Orvia Brady	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 495-20-8873	17. INFORMANT: Col. Wm. I. Brady, Address: 5143 Ward Pkwy, K.C.Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): myocardial infarction

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): coronary occlusion

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: 1 wk

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Bronchopneumonia 42 [illegible]

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Feb 6, 1959, to Feb 10, 1959 and last saw her/him alive on Feb 10, 1959

Death occurred at 8 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harry C Wall M.D.	22b. ADDRESS: 751 E 63rd	22c. DATE SIGNED: 2/11/59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 2-12-59	23c. NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery
23d. LOCATION (City, town, or county) (State): Independence, Missouri		
24. FUNERAL DIRECTOR: Mellody-McGilley-Eylar	ADDRESS: 20 W. Linwood K. C. Mo.	25. DATE RECD. BY LOCAL REG.: 2-12-59
26. REGISTRAR'S SIGNATURE: Neva Minshall		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be stated. All diseases in Part I must be causally related.

Harry C. Wall

Gr. Harry Wall
751 E. 63rd

VS MAR 6 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 5038

P. O. Address K.C. Mo.

VS APR 18 1960

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.